

Medication Assisted Treatment Implementation Checklist

This checklist provides policymakers, state and local officials, and other community stakeholders key questions to consider before engaging in efforts to increase access to medication assisted treatment (MAT) for addictions in their communities.

Assess Economic Environment

- Are all the medications approved for addiction treatment (see box) on the Medicaid formulary in your state? If not, who specifically will provide the leadership to get these medications on the Medicaid formulary? Who specifically will talk with health plans and pharmacy benefit managers to get these medications on their formularies?
- Are these medications available through the 340B program administered through HRSA and the health centers in your state? This is particularly important for individuals without insurance.
- Are these medications used in the private sector in your state? Check with state psychiatric associations, state ASAM chapters, and associations of family practice and internal medicine.

Assess The Treatment Environment

- Which treatment programs in your state/area currently use medications in the treatment of addictions?

● If there are no programs in your state/area using medications in addiction treatment, why not?

- Are there attitudinal problems?
- Are there Medication cost concerns?
- Are there Implementation cost concerns?
- Are there state regulations and policy barriers?

● Who will provide the leadership to address these barriers?

● How do you plan to assess which treatment programs are most likely to work with you (i.e., early adopters) to adopt medication assisted treatment?

● For treatment programs that use medications, how do you access physicians? Are they:

- Full or part-time staff members?
- Contracted?
- Affiliated with a primary care clinic?
- Affiliated with or embedded in a health center/FQHC?

● Do health centers and other providers have an appropriately trained integrated care team available?

● Are any treatment programs co-located with health centers? If so, where are they specifically located? If there are none, what do you need to do to have medical care and behavioral health care provided on the same site?

● What can you do to support the development of networks of treatment providers that include both primary care providers and addiction treatment programs?

● Are there any comprehensive treatment programs in your state that include primary care within an addictions treatment program? Is the primary care program co-located and under different management or part of the addictions treatment program? How can these different organizational structures serve as models for other addictions treatment programs?

● How will you work with medical and non-medical clinicians to assure that counseling services accompany use of medications in addictions treatment?

Assess Workforce Issues

- Are there enough trained physicians and nurses to work with treatment programs on MAT? If not, what is your plan for assuring physicians are trained?
- What is the level of acceptance of “medical models” of addiction by treatment programs and clinicians in your state? How do specialty addictions treatment clinicians view the use of medications to assist patients in treatment?
- What are the attitudes of boards of directors of addiction treatment programs toward use of medications in treatment? How will you work with boards of directors that need assistance in understanding the role of medications in treatment?
- Are clinicians in specialty treatment eligible to receive Medicaid reimbursement? If not, what can you do to help prepare clinicians to be able to be reimbursed for clinical services necessary as an adjunct to medications during treatment?
- How will you work with clinicians toward the goals of making MAT available?

Assess Regulatory Issues

- What is the strength of regulatory efforts at the state level related to distribution and use of medications in addiction treatment?
- Is the state legislature educated about the use of medications in addiction treatment? Has the legislature in your state intervened in any way to regulate the use of medications (in statute or otherwise)? If so, how does state regulatory action affect the availability and utilization of medications as part of comprehensive addiction treatment?
- What are the attitudes of state legislators about increased spending on addiction treatment related to the introduction of medications? How will you inform legislators about advances in addictions treatment? How will you work with legislators to improve the financing and regulatory environment for implementation of medication-assisted treatments?

Assess Attitudes

- How will you identify the specific groups outside of the addictions treatment field in your state that may oppose the use of medications in treatment? What is your plan for working with these groups to reduce potential barriers to implementation?
- How will you work with consumer groups and advocates to increase demand for MAT?

FDA-Approved Medications for Substance Abuse Treatment and Tobacco Cessation

| | |
|------------------------------------|---|
| Medications for Alcohol Dependence | Naltrexone (ReVia®, Vivitrol®, Depade®) Disulfiram (Antabuse®) Acamprosate Calcium (Campral®) |
| Medications for Opioid Dependence | Methadone Buprenorphine (Suboxone®, Subutex®, and Zubsolv®) Naltrexone (ReVia®, Vivitrol®, Depade®) |
| Medications for Smoking Cessation | Varenicline(Chantix®) Bupropion (Zyban® and Wellbutrin®) Nicotine Replacement Therapy (NRT) |